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То:	Mail Stop RCE	From:	Michelle Craig	
Fax:	571.273.8300	Pages:	6	
Phone:		Date:	12-8-05	
Our Ref: 012.P11004C		CC:		
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Please find attached for filing in connection with application no. 09/476,334, entitled DATA COPYRIGHT MANAGEMENT SYSTEM, the following documents:

- Request for Continued Examination Transmittal
- Fee Transmittal
- Information Disclosure Statement

## CERTIFICATE OF FACSIMILE TRANSMISSION

## DEC 0 8 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

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Effective on 12	Complete if Known								
Fees pursuant to the Consolidated App	Application Number	09/476,334							
FEE TRAN	Filing Date	1/3/2000							
For FY	First Named Inventor	Makoto Salto							
Applicant claims small entity st	Examiner Name	Kambiz Abdi							
	Art Unit	3621							
TOTAL AMOUNT OF PAYMENT	Attorney Docket No.	012.P11004C							
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-3703 Deposit Account Name: Berkeley Law Group									
For the above-identified dep	osit account, the Director is h	ereby authorized to: (chec	k all that apply)	·					
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION		<del></del>							
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES     Small Entity Small Entity Small Entity									
Application Type Fee (	Fee (\$) Fee	(5) Fee (5) Fee	(\$) Fee (\$)	Fees Paid (\$)					
Utility 300	150 500	250 20	0 100						
Design · 200	. 100 100	50 13	0 65						
Plant 200	100 300	150 16	0 80						
Reissue 300	150 500	250 60	0 300						
Provisional 200	100 0	0	0 0						
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Small Entity Fee (\$) Fee (\$) 25 25 200 100 Multiple dependent claims									
Total Claims Extra C	<u>    Fee (\$)                                  </u>	ee Paid (\$)	Multiple Der Fee (\$)	pendent Claims Fee Paid (\$)					
HP = highest number of total claims pa Indep. Claims Extra C	aid for, if greater than 20,	e Paid (\$)							
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									
- 100 = / 50 = (round up to a whole number) x =									
Other (e.g., late filing surcharge): RCE_IDS 970.00									
SUBMITTED BY									
Signature Registration No. 52,776 Telephone 503.439.6500									
Name (Print/Type) Michelle Craig Date /2/8/05									

This collection of information is required by 37 CFR 1.136. The Information Is required to obtain or retain a benefit by the public which Is offile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternt and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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